

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 121  
Registered No. 32

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Globe No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Esther Ruiz

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY In event of plural births.	4. Twin, triplet or other	6. Legitimate? <u>yes</u>	7. Date of birth <u>2-8-26</u> Month Day Year
		5. No., in order of birth		

8. FATHER Full name <u>Francisco Ruiz</u>	14. MOTHER Full maiden name <u>Brigida Vallalobos</u>
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9. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state. <u>Ariz.</u>	15. Residence (Usual place of abode) <u>Globe</u> If non-resident, give place and state. <u>Ariz.</u>
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10. Color or race <u>Mex.</u>	11. Age at last birthday <u>36</u> (Years)	16. Color or race <u>Mex</u>	17. Age at last birthday <u>19</u> (Years)
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12. Birthplace (city or place) (State or country) <u>Globe</u> <u>Arizona</u>	18. Birthplace (city or place) (State or country) <u>Mogollon</u> <u>Ariz. Mex.</u>
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13. Occupation Nature of industry <u>Miner</u>	19. Occupation Nature of industry <u>Housewife</u>
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20. Number of children of this mother <u>3</u> (Taken as of time of birth of child herein certified and including this child.)	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum? <u>yes</u>
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**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was born alive at 6:00 P. m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams  
Physician  
(Physician or midwife)

Given name added from a supplemental report \_\_\_\_\_ Address Globe Ariz.  
Month, day, year \_\_\_\_\_

Filed 2/28/26 W. H. Horst  
Registrar Registrar

599-208-254

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.